



Fiscal Year 2015
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUEST FOR PROPOSALS (RFP)

CIP-PUBLIC FACILITIES & INFRASTRUCTURES PROJECTS
SUPPLEMENTAL INFORMATION FORM

1. Project Operation Information

a. Project's days of operation (Provide administration info):	
b. Project's hours of operation (Provide administration info):	
c. No of Years of public access:	

2. CDBG Project Benefit

a. CDBG Benefit Categories: Which CDBG benefit category below does your proposed project meet?	
<input type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI).
<input type="checkbox"/>	(2) Limited clientele (select subpart below):
<input type="checkbox"/>	(a) Special needs group (select applicable benefit group from the list below):
<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	(ii) Elderly persons 62 years or older
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled adults (not children) – Census definition; documentation required
<input type="checkbox"/>	(v) Illiterate adults
<input type="checkbox"/>	(vi) Persons living with HIV/AIDS
<input type="checkbox"/>	(vii) Migrant farm workers
<input type="checkbox"/>	(viii) Homeless persons
<input type="checkbox"/>	(b) At least 51% of clientele to be served will be documented as LMI.
<input type="checkbox"/>	(3) Housing (select only one subpart below):
<input type="checkbox"/>	(a) Single family (project must serve 100% LMI households)
<input type="checkbox"/>	(b) Multi-unit (51% of the total units must be LMI; project must serve 100% LMI households)
<input type="checkbox"/>	(4) Job creation: At least 51% of jobs created must be filled with LMI persons.

b. A third-party verification method must be used to qualify for the following categories: 2.a.(2), 2.a.(3), and 2.a.(4).
Describe the methods your agency will use for qualifying incomes of clients/households:

[Type response here.]

3. Project Record Keeping Procedures

a. Describe the procedures your agency will use to track and monitor the progress of the project:

[Type response here.]

b. Describe your agency's record keeping procedures, with regard to the proposed project:

[Type response here.]

c. Describe the procedures your agency will use to segregate and track CDBG activities and expenditures from other agency funds:

[Type response here.]

4. Compliance with Federal Requirements

a. Per HUD requirements, agencies that receive federal funding must take "reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to their respective programs and services." Does your agency have a Language Access Plan (LAP) to provide services to limited English proficiency persons? If not, describe how your agency will ensure LEP persons will have meaningful access to the proposed project's programs and services:

☐

Yes

☐

No

[Type response here.]

- b. *Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.*

NOTE: The project site for proposed CIP projects must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable:

[Type response here.]

- c. *Will the project require temporary/permanent relocation or moving of occupants? If Yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the reason for the relocation or moving of occupants and list how many of the occupied units are: (1) owner-occupied; (2) renter-occupied; or (3) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2015 CDBG funds.]:*

☐

Yes

☐

No

[Type response here.]

5. CIP-Public Facilities/Infrastructure Improvements Project Information:

- a. *Describe how your agency will ensure the work completed through this proposed project will be maintained for at least five years after the termination of the agreement with the City of San Diego, including the LMI beneficiary for each completed construction activity:*

[Type response here.]

b. Is the property/structure owned by the City and leased by your agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Is the property/structure owned by your agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Is the property/structure privately-owned and rented/leased by your agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. Current market value of the property/structure to be improved with CDBG funds:				

f. Was the property/structure acquired/purchased with HOME funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
g. How much HOME funds were expended for acquisition activities?				
h. Was the property/structure acquired/purchased with CDBG funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
i. How much CDBG funds were expended for acquisition activities?				
j. List the year the acquisition activities were completed with HOME and/or CDBG funds?				

k. Has rehabilitation been previously completed on the property/structure with HOME funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
l. How much HOME funds were expended for rehabilitation activities?				
m. List all the applicable year(s) that rehabilitation activities were completed with HOME funds?				
n. Has rehabilitation been previously completed on the property/structure with CDBG funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
o. How much CDBG funds were expended for rehabilitation activities?				
p. List all the applicable year(s) that rehabilitation activities were completed with CDBG funds?				
q. If Yes to either 5.f., 5.g., 5.k., or 5.n., provide a description of the acquisition and/or rehabilitation activities completed with HOME and/or CDBG funds:				

[Type response here.]

r. Provide the following:				
1. What year was the property/structure built?				
If built prior to December 31, 1978, provide the a)-d) below:				
a) Has a lead hazard inspection report been issued for the entire property/structure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b) Has the property/structure been abated for lead paint?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c) Will children occupy the property/structure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d) If Yes to 5.r.1.c), indicate the age range of the children who will occupy the property/structure?				

2. Has the property/structure been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Is the property/structure located on a Historic Site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Is the property/structure located in a Historic District?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Is the property/structure in a Flood Zone?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Is the property/structure in a Flood Plain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Does your agency have flood insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Will there be demolition required to complete proposed project activities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Will the project result in an expansion of the existing property/structure? If Yes, ensure the expansion details (additional size in square feet) is described in C.3.b.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Does the project require rezoning/special use permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. If Yes to 5.r.10., has the request been filed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Has a feasibility study been completed for this project?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Are there schematics and a preliminary site plan?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Is there an engineering report and/or housing inspection report completed by a certified Housing Inspector detailing property condition of the entire property/structure/housing units to be improved?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. Has an accessibility survey been completed on the entire property/structure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

s. For the Multi-Unit Public Facilities, provide the following:	
1. Total number of complexes on the property/structure:	
2. Total number of Occupancy Units on the entire property/structure:	
3. Total number of Occupancy Units that are currently vacant:	
4. Total number of Occupancy Units that are studio units:	
5. Total number of studio units that are accessible units:	
6. Total number of Occupancy Units that are 1-bedroom units:	
7. Total number of 1-bedroom units that are accessible units:	
8. Total number of Occupancy Units that are 2-bedroom units:	
9. Total number of 2-bedroom units that are accessible units:	
10. Total number of Occupancy Units that are 3+ bedroom units:	
11. Total number of 3+ bedroom units that are accessible units:	